



STATE OF HAWAII
DEPARTMENT OF ACCOUNTING
AND GENERAL SERVICES

P.O. BOX 119
HONOLULU, HAWAII 96810-0119

JUL 30 2003

COMPTROLLER'S MEMORANDUM NO. 2003-19

TO: Heads of Departments

ATTN: Administrative and Fiscal Officers

SUBJECT: Revision to First Hawaiian Bank Stop Payment Order Form

This is to inform departments that a revised First Hawaiian Bank (FHB) Stop Payment Order Form will be implemented on August 1, 2003. An electronic version of the revised form will be emailed to departments and agencies that have used one in the past. Departments wishing to use an electronic version of the revised form may contact Mr. Kurt Muraoka of our Systems Accounting Branch at 586-0610 to obtain a copy.

Departments using the paper form should order the new form from Correctional Industries at a cost of \$2.50 per pad, as soon as possible. Remaining quantities of the old form should be discontinued.

Attached for your information is a sample copy of the revised form with the significant changes described below:

FIRST HAWAIIAN BANK STOP PAYMENT ORDER FORM

1. In the "FOR BANK USE ONLY" section, the Stop Expiration information has been changed:

FROM:

<u>FY CODE</u>	<u>STOP EXPIRATION DATE</u>
2	June 5, 2003
3	June 5, 2004

TO:

<u>FY CODE</u>	<u>STOP EXPIRATION DATE</u>
3	June 5, 2004
4	June 5, 2005
5	June 5, 2006
6	June 5, 2007

AUG 01 2003

2. The revision date on the bottom left hand corner of the form, has been changed to "08/03".

Please forward this memorandum to the offices in your department that are involved in stop-payment processing of State of Hawaii checks. If you have any questions regarding this matter, call Mr. Kurt Muraoka of our Systems Accounting Branch at 586-0610.


RUSS K. SAITO
State Comptroller

Attachment

FIRST HAWAIIAN BANK
STOP PAYMENT ORDER

TITLE OF ACCOUNT: <u>Comptroller Sub-Account</u>			ACCOUNT NUMBER: <u>01-088947</u>			FUND CODE <u>CONVERSION TABLE</u>		
CHECK NO.		SERIAL NO.						FUND CODE FUND NO. P 1 W 2 G 3 S 4 B 5 T 6 E 7 U 8
		FY CODE	FUND NO.				LAST SIX DIGITS OF CHECK NO.	
AMOUNT				0				
CHECK DATE								
PAYEE								
REASON FOR STOP						DATE		
SIGNATURE OF RESPONSIBLE FISCAL OFFICER				DEPARTMENTAL CONTACT PERSON (PRINT)				
DEPARTMENT/NAME OF EXPENDING AGENCY						TELEPHONE NO.		

STOP PAYMENT ORDER _____ ACCOUNTING DIVISION	DATE SUBMITTED	TIME SUBMITTED
STOP PAYMENT ORDER CANCELLATION _____ ACCOUNTING DIVISION	DATE SUBMITTED	TIME SUBMITTED

FOR BANK USE ONLY													
<input type="checkbox"/> ENTER STOP PAYMENT <input type="checkbox"/> REMOVE STOP PAYMENT		<table style="width: 100%;"> <tr> <th style="text-align: left;">FY CODE</th> <th style="text-align: left;">STOP EXPIRATION DATE</th> </tr> <tr> <td>3</td> <td>June 5, 2004</td> </tr> <tr> <td>4</td> <td>June 5, 2005</td> </tr> <tr> <td>5</td> <td>June 5, 2006</td> </tr> <tr> <td>6</td> <td>June 5, 2007</td> </tr> </table>		FY CODE	STOP EXPIRATION DATE	3	June 5, 2004	4	June 5, 2005	5	June 5, 2006	6	June 5, 2007
FY CODE	STOP EXPIRATION DATE												
3	June 5, 2004												
4	June 5, 2005												
5	June 5, 2006												
6	June 5, 2007												
_____ Entered By	_____ Confirm #												
_____ Date	_____ Time												
_____ Authorized By													
<input type="checkbox"/> STOP PAYMENT REJECT													
_____ Reason	_____ Authorized By												